



**STATE BOARD OF REGISTRATION FOR
GEOLOGISTS AND GEOPHYSICISTS**
2535 CAPITOL OAKS DRIVE, SUITE 300A, SACRAMENTO, CA 95833-2926
TELEPHONE: (916) 263-2113
FAX: (916) 263-2099
E-mail: geology@dca.ca.gov
Website: www.dca.ca.gov/geology



**APPLICATION TO RETAKE EXAMINATION
FOR LICENSURE AS A CERTIFIED HYDROGEOLOGIST**

FOR OFFICE USE ONLY

Received _____

Receipt No. _____

THIS APPLICATION MUST BE TYPEWRITTEN AND SIGNED

Examination Fee (Remit by check or money order only)**\$100.00**

Registered Geologist License No. _____ Previous Application No. (If Known) _____

NAME	LAST	FIRST	MIDDLE
ADDRESS	STREET/P.O. BOX	CITY	STATE ZIP
MAILING ADDRESS (If Different)	STREET/P.O. BOX	CITY	STATE ZIP
BUSINESS TELEPHONE ()		HOME TELEPHONE ()	

The information you provide on this application is maintained by the Executive Officer of the State Board of Registration for Geologists and Geophysicists (Board), Department of Consumer Affairs, 2535 Capitol Oaks Drive, Suite 300A, Sacramento, CA 95833, (916) 263-2113. The information is requested pursuant to Business and Professions Code sections 7841 and 7842 and/or California Code of Regulations, Title 16, sections 3009, 3021 and 3042. It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete. (Title 16, California Code of Regulations sections 3024 and 3028.)

Your application and supporting documentation becomes the property of the Board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Government Code section 6250 et seq.) and the Information Practices Act (Civil Code section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law.

Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.

You have the right to review the records maintained on you by the Board or department unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Board at the above address.

I declare under penalty of perjury under the laws of the State of California that the information on this application, or any appended sheets, is true and correct.

SIGNATURE	DATE
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*The Mission of the State Board of Registration for Geologists and Geophysicists is to Continuously Enhance the
Quality, Value and Availability of Geological and Geophysical Services Offered to the People of California*